

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MDR		09-05-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MD	579	10/8/01
RESPONSE FORMALITY REVIEW	H-S	866	03-27-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1		8/24/02	
2		11/11/02	
3		11/11/02	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

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03/27/02

If more than 150 claims or 10 actions
staple additional sheet her

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